

HOUSE SUMMARY OF SENATE AMENDMENTS

House Bill No. 1246 by Representative McVea

INSURANCE/HEALTH: Provides relative to contracts with dental providers

Synopsis of Senate Amendments

1. Changes the definition of "covered service" to any dental service rendered or authorized by a licensed dentist on a covered person for which a dental service contractor or insurer is required to pay benefits to the dentist under a contractual agreement with such dentist. Adds that such a service includes any service on which reimbursement is limited by a deductible, copayment, coinsurance, waiting period, annual maximum, or frequency limitation.
2. Adds that nothing in proposed law shall prohibit a dental service contractor or insurer from offering a dentist optional agreements for participation in a dental plan in which a dentist may choose to participate either with or without a provision to provide discounts to covered persons for non-covered services provided that all of the following apply:
 - a. No dental service contractor or insurer may restrict the choice of any dentist to participate in the plan with or without an optional agreement providing for discounts on non-covered services except that the option for any dentist choosing to participate in the plan under such an optional agreement to cease providing the discounts under the optional agreement but still continue participating in the plan may be limited to each time the optional agreement is up for renewal.
 - b. The provision for discounts on non-covered services shall be the only material difference between agreements entered into with a dentist who accepts such an optional agreement and those with a dentist who accepts a contract without an optional agreement.
3. Removes a provision that makes proposed law effective upon signature of the governor. Instead, makes proposed law effective Jan. 1, 2011.
4. Makes technical changes.

Digest of Bill as Finally Passed by Senate

Proposed law provides that no dental plan that is delivered, renewed, issued for delivery, or otherwise contracted for in this state may require that a dentist provide dental health care services to a covered person at a particular fee unless such services are covered services for which benefits are paid under a contract with such dentist.

Proposed law defines "covered service" as any dental service rendered or authorized by a licensed dentist on a covered person for which a dental service contractor or insurer is required to pay benefits to the dentist under a contractual agreement with such dentist. Provides that covered service includes any service on which reimbursement is limited by a deductible, copayment, coinsurance, waiting period, annual maximum, or frequency limitation.

Proposed law provides that nothing in proposed law shall prohibit a dental service contractor or insurer from offering a dentist optional agreements for participation in a dental plan in which a dentist may choose to participate either with or without a provision to provide discounts to covered persons for non-covered services provided that all of the following

apply:

- (1) No dental service contractor or insurer may restrict the choice of any dentist to participate in the plan with or without an optional agreement providing for discounts on non-covered services except that the option for any dentist choosing to participate in the plan under such an optional agreement to cease providing the discounts under the optional agreement but still continue participating in the plan may be limited to each time the optional agreement is up for renewal.
- (2) The provision for discounts on non-covered services shall be the only material difference between agreements entered into with a dentist who accepts such an optional agreement and those with a dentist who accepts a contract without an optional agreement.

Proposed law does not apply to contracts already in existence until the renewal or extension date of such contracts.

Effective Jan. 1, 2011.

(Adds R.S. 22:1157)